ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT (Arogyasri)

Reg. No. :	I.P.No. : 16444	Corporate : .....

Name of Patient : Mr. Shaik Shilar		Age : 46 y	Sex : M
Consultant : Dr. N. Surya Prasad		Category :	
Date of Admission : 29/03/24	Time : 10:18 a.m.	Room / Bed No. : Gen.	
Date of Discharge : 5/4/24	Time :	Total Days of Stay :	
Anaesthetist : Dr. Sandeep		Anaesthesia / General / Spinal	Local
Diagnosis : (Rt) Metacarpal hand.			
Surgery : (Rt.) metacarpal k-wire 1/4/24 10AM			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	29/3	30/3	31/3	1/4	2/4	3/4	4/4	5/4/24
Dr. Surya Prasad		✓	✓	✓	✓	✓	✓	✓

MEDICAL EQUIPMENT

VENTILATOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

MONITOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

SYRINGE PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

INFUSION PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

OXYGEN

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days	Remarks

WATER BED ☐ AIR BED ☐

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

PULSE OXYMETER

No.fo. Time				

GRBS

Date																		Total
Morning																		
Evening																		
Night																		

PHYSIOTHERAPY

Date											Total
No. of times											

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date											Total
No. of times											

NEBULISATION

Date																				Total
Morning																				
Evening																				
Night																				

INVESTIGATIONS

Date	Investigation
29/3/24	Surgical profile

Date	Investigation

RADIOLOGY INVESTIGATIONS

Date	Investigation
29/3/24	chest x-ray, ECG

Date	Investigation

PROCEDURES

Procedure	No.of Times	Procedure	No.of Times
Intubation		Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation		Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
29/3/24	Ent	to	H/w	10:30 PM
2/4/24	MLW	TO	OT	10 AM
1/4/24	OT	to	M/w	12 PM

DIET

OT OReport 1/4/24

OT Utilization - 10:10AM to 10:45AM
C-ARM - 10:30 AM to 10:40AM

Transport - 1 no

Name of Ward Secretary : P. Sandhya OOT
EMP. No. :

Name of Staff Nurse : P. Vardhini
EMP. No. : 0090

B. Kusuma.
Med - 1235
Con - 594

Q

Dr. YSR Aarogyasri Health Care Trust

Dr. YSR Aarogyasri Health Care Trust
D.No. 241, MGM Capital Building,Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant,Chinnakakani,Mangalagiri, Guntur District,Pin: 522508.
Phone No:0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/1/04391143

Date : 05/04/2024 11:36:41

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms Shaik Shilar (the patient) on 29/03/2024 12:25:47 having Health/White/TAP/RAP card no. **WAP0489039B0175/01** an belonging to district **EAST GODAVARI**, suffering from **FRACTURE METACARPAL** having given consent for **Internal Fixation o Small Bones (S5.1.32)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatment subject to the maximu package rate of **10000** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)
Date: 29-Mar-2024 05:10 PM

Seal :